FreeClaims.com

User Manual

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Access to FreeClaims.com can be obtained by entering our URL in your internet browser address bar:

www.freeclaims.com

FreeClaims.com: Free online medical claims clearinghouse - Microsoft Internet Explorer
http://www.freeclaims.com
Home | About Us | Our Products | Links | Contact Us
FreeClaims.com
A Medical Claims Clearinghouse
Electronic Claims
Patient Statements
ERA
Eligibility
HCFA Printing
Members Login
FreeClaims.com provides healthcare providers and related entities the tools and services that assist in cost reduction while improving business efficiencies.
WELCOME TO FREECLAIMS.COM
Members Login
Join Free Claims
Payor List
FAQ's
FreeClaims Manual
Doing our part to reduce administrative medical costs
Freeclaims Benefits include:
Verify patient eligibility, real time, on-line
Find and fix claim errors immediately rather than waiting days or weeks
Reduce reimbursement times
Submit all your electronic claims at once, rather than submitting separately to each individual payer
One location to manage all your electronic claims and medical transactions
Reduce paper printing and postage cost
Overall administration simplification
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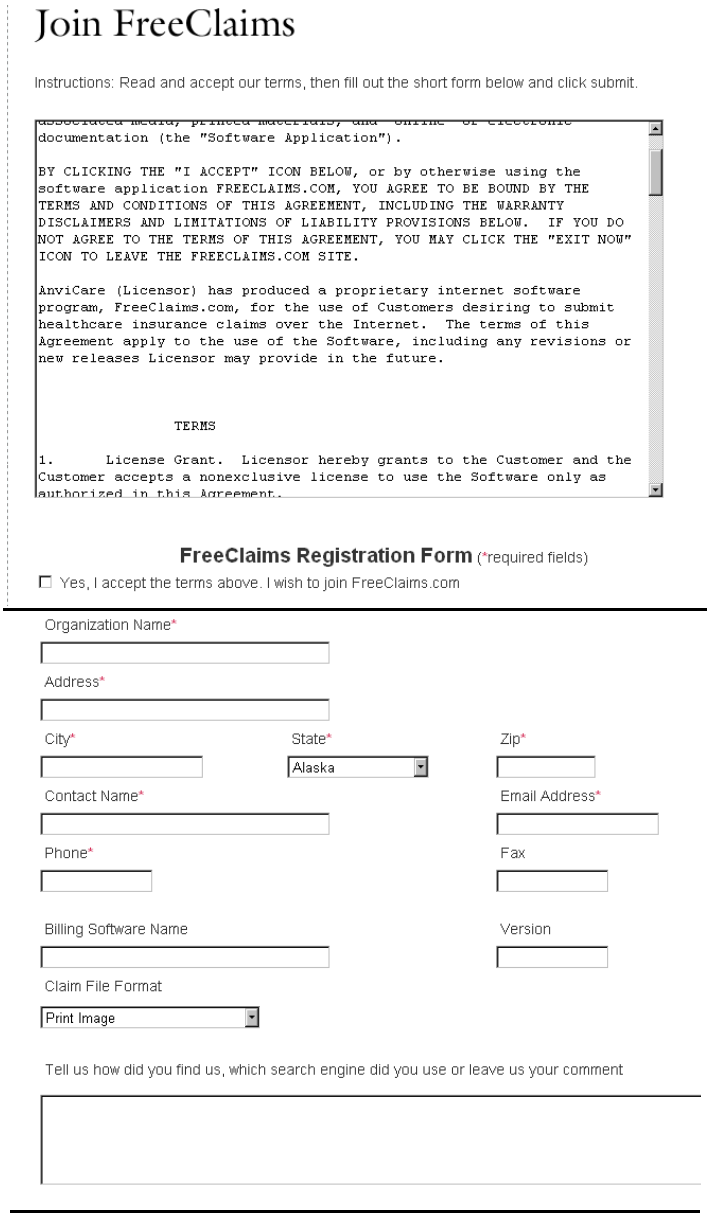
Home | About Us | Our Products | Links | Contact Us

Please Browse our Website to find out about all of our time and cost saving services…

Join Freeclaims


Join FreeClaims
Instructions: Read and accept our terms, then fill out the short form below and click submit.
documentation (the "Software Application").
BY CLICKING THE "I ACCEPT" ICON BELOW, or by otherwise using the software application FREECLAIMS.COM, YOU AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT, INCLUDING THE WARRANTY DISCLAIMERS AND LIMITATIONS OF LIABILITY PROVISIONS BELOW. IF YOU DO NOT AGREE TO THE TERMS OF THIS AGREEMENT, YOU MAY CLICK THE "EXIT NOW" ICON TO LEAVE THE FREECLAIMS.COM SITE.
AnviCare (Licensor) has produced a proprietary internet software program, FreeClaims.com, for the use of Customers desiring to submit healthcare insurance claims over the Internet. The terms of this Agreement apply to the use of the Software, including any revisions or new releases Licensor may provide in the future.
TERMS
1. License Grant. Licensor hereby grants to the Customer and the Customer accepts a nonexclusive license to use the Software only as
FreeClaims Registration Form (*required fields)
Yes, I accept the terms above. I wish to join FreeClaims.com
Organization Name*
Address*
City*
State*
Alaska
Zip*
Contact Name*
Email Address*
Phone*
Fax
Billing Software Name
Version
Claim File Format
Print Image
Tell us how did you find us, which search engine did you use or leave us your comment

Completing the Join FreeClaims screen will present you with an email as follows:

Thank you for joining FreeClaims. We have set up an account for you.

UserId: 1234
Password: aaBBx45c

Please follow the steps below to continue. You are in TEST mode which means no claims will be sent to the payers for processing however, TEST mode gives you an opportunity to set up the system and learn how to use it. Following all the steps below will allow you to be in production mode within 30 minutes in most cases.

STEP 1: prepare about 20 test claims from your billing software and submit them to Freeclaims (using your UserId and Password above). Test claims should be real claims but old and have been paid. If you can't get old real claims then it is acceptable to make up claims. If you need help to create the test data from your billing software, please contact your software vendor.

If asked by your software vendor, please inform them that we accept Print Image, National Standard Format (NSF), MCDS (old NEIC format) or Ansi X12 4010.

STEP 2: send in your first test file, please login using the userID and password above. Once logged in, you will see a menu bar.

STEP 3: upload your test file, select PROCESS CLAIMS, then UPLOAD CLAIM FILE.

STEP 4: click on BROWSE and locate the file in your hard drive (Please do not zip the file).

STEP 5: Click UPLOAD FILE to initiate the transfer (Please only click once). You will see a progress bar at the bottom of your browser moving from left to right. Once the file has uploaded completely, the website will let you know the filename it had assigned to this file. This is an indication that the file was received successfully.

*Please note until we set your account to production, your file will not appear right away like it normally does when you are in production (i.e. disregard the message about 'waiting for up to 30 minutes'). Instead, after you see the Server Assigned Batch No, please contact us by email to let us know that the test file has been uploaded. Support@anvicare.com

STEP 6: Read the User Manual and follow each step.

We will 'map' the file and load it to our database under TEST mode allowing you to learn how to use the system.

Later we will provide you with information on our 7 steps to processing which will assist you in making sure you complete the necessary steps to complete the claim payment cycle.

Again, thank you for your interest in FreeClaims.com. Please browse our website to learn about our other valuable time and cost saving services.

NOTE:

BROWSER: It is important that you use Microsoft Internet Explorer Version 5.5 or higher. While other browser may work, we only guarantee that our site will work with IE5.5 or higher. If you are using AOL, login to AOL as normal then stay connected but minimize AOL (click on the dash icon at the top right of the AOL window). Then double click on Internet Explorer (BlueE Icon on your desktop).

TEST FILE: A test file is a claim file extracted from your billing software. The file can be in print image or National Standards Format. If you don't know how to create this test file from your billing software, please contact your billing software vendor. They should be able to help. If your vendor cannot or is not willing to help, please contact us. If you use another clearinghouse, a good step is to send us the same data file you sent the old clearinghouse

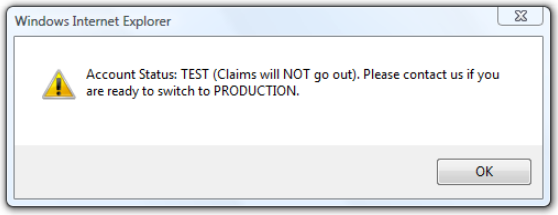
****

Secure Members Login

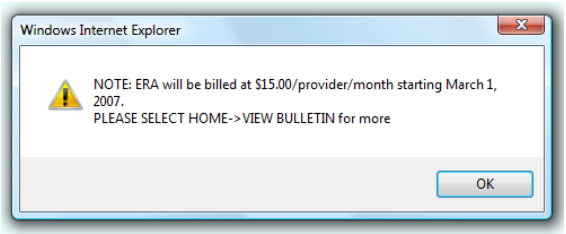
Enter your userID and password. Your userID is how we identify your account so please remember this number and reference it when emailing support or speaking with FreeClaims personnel.

Enter your userID and Password and click on Login and you will have secure access to your account.

Successful login will result in one of several screens. The example 2.1 below identifies this account as TEST status, example 2.2 indicates a price change for ERA.

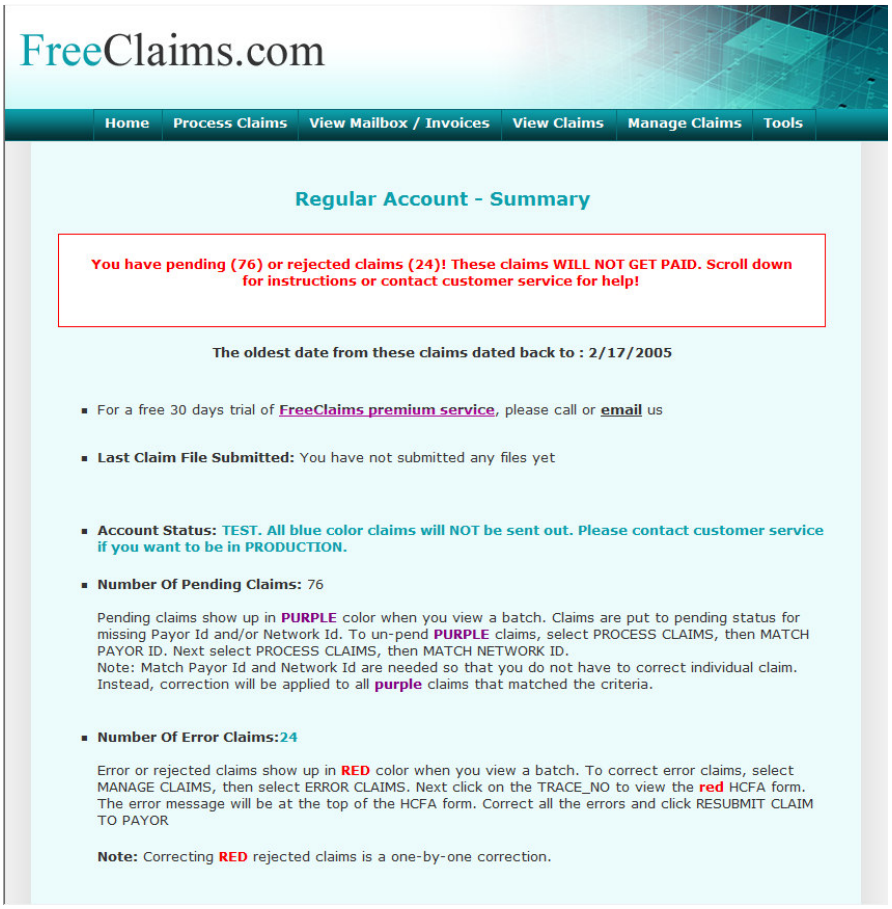

Windows Internet Explorer
Account Status: TEST (Claims will NOT go out). Please contact us if you are ready to switch to PRODUCTION.
OK

Example 2.1


Windows Internet Explorer
NOTE: ERA will be billed at $15.00/provider/month starting March 1, 2007.
PLEASE SELECT HOME->VIEW BULLETIN for more
OK

Example 2.2

The “Account Summary” page contains important summarized information about your account. While all the information on this page is important, flashing text indicates immediate attention to a batch or specific claims.


FreeClaims.com
Home
Process Claims
View Mailbox / Invoices
View Claims
Manage Claims
Tools
Regular Account - Summary
You have pending (76) or rejected claims (24)! These claims WILL NOT GET PAID. Scroll down for instructions or contact customer service for help!
The oldest date from these claims dated back to : 2/17/2005
For a free 30 days trial of FreeClaims premium service, please call or email us
Last Claim File Submitted: You have not submitted any files yet
Account Status: TEST. All blue color claims will NOT be sent out. Please contact customer service if you want to be in PRODUCTION.
Number Of Pending Claims: 76
Pending claims show up in PURPLE color when you view a batch. Claims are put to pending status for missing Payor Id and/or Network Id. To un-pend PURPLE claims, select PROCESS CLAIMS, then MATCH PAYOR ID. Next select PROCESS CLAIMS, then MATCH NETWORK ID.
Note: Match Payor Id and Network Id are needed so that you do not have to correct individual claim. Instead, correction will be applied to all purple claims that matched the criteria.
Number Of Error Claims:24
Error or rejected claims show up in RED color when you view a batch. To correct error claims, select MANAGE CLAIMS, then select ERROR CLAIMS. Next click on the TRACE_NO to view the red HCFA form. The error message will be at the top of the HCFA form. Correct all the errors and click RESUBMIT CLAIM TO PAYOR
Note: Correcting RED rejected claims is a one-by-one correction.

FreeClaims.com Members Area Toolbar (Figure 3.0) contains 6 links which expand into dropdown items to complete tasks associated with working on claims and claims related functions. Placing the mouse over the link will display the dropdown selections.

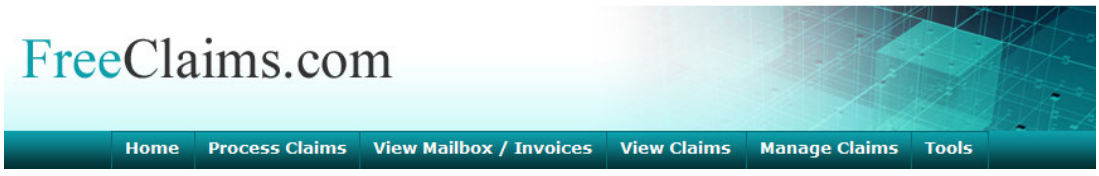
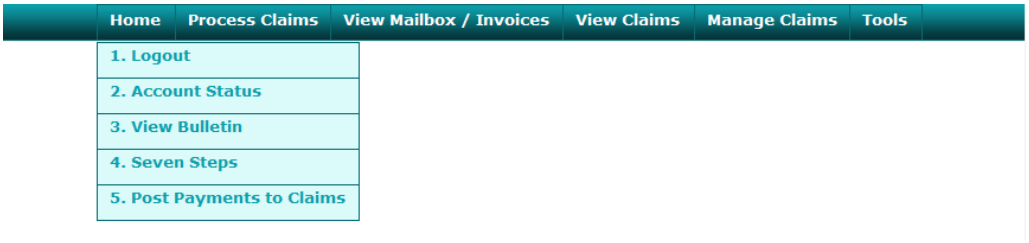


Figure 3.0

Members Home



(Figure 3.1)

Home offers 5 options:

Logout – log out of FreeClaims Members Area.

Account Status – Summary of Account Status.

View Bulletin – Up to date general information or specific changes about FreeClaims, payers, processing, reports, etc.*

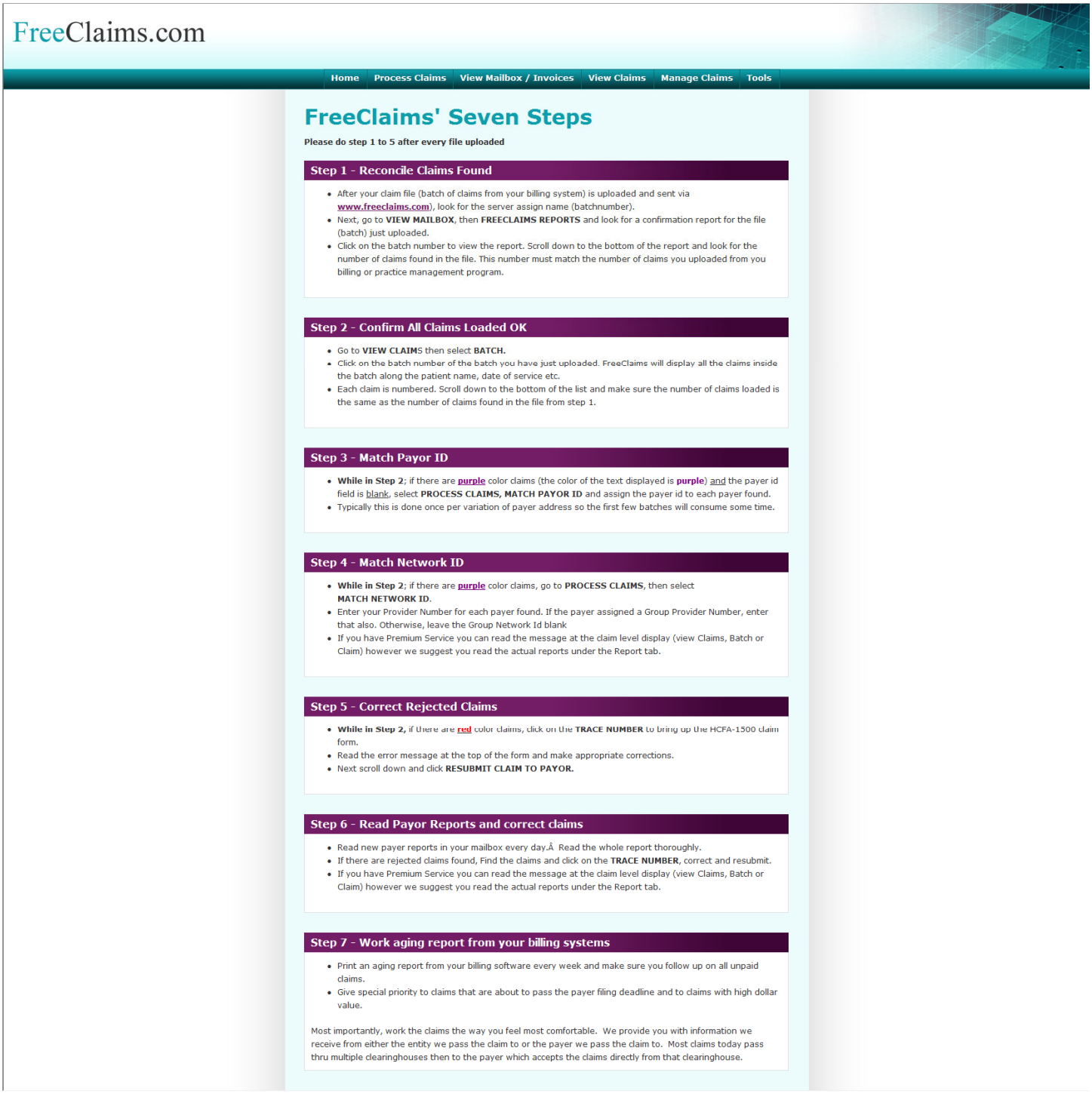
Seven Steps – Summarized description of how to work on batches or claims within FreeClaims.**

Post Payments to Claims – Coming Soon!

View the Bulletin daily and follow the Seven Steps. Most answers to your questions are found in these two articles.

IMPORTANT

In an effort to maintain the low cost, quality service business model for our customers we ask that you print and review our Seven Step Process immediately upon your first login. The Seven Steps summarize the full document in a quick and easy process to ensure you complete the required steps to ensure each claim in a batch is processed. Once logged in to FreeClaims Members Area, go to the Home Link on the task bar and select option 4. Seven Steps, Figure 3.1 above. Use your browser print option to print the steps



FreeClaims.com

Home | Process Claims | View Mailbox / Invoices | View Claims | Manage Claims | Tools

FreeClaims' Seven Steps

Please do step 1 to 5 after every file uploaded

Step 1 - Reconcile Claims Found

- After your claim file (batch of claims from your billing system) is uploaded and sent via www.freeclaims.com), look for the server assign name (batchnumber).
- Next, go to **VIEW MAILBOX**, then **FREECLAIMS REPORTS** and look for a confirmation report for the file (batch) just uploaded.
- Click on the batch number to view the report. Scroll down to the bottom of the report and look for the number of claims found in the file. This number must match the number of claims you uploaded from you billing or practice management program.

Step 2 - Confirm All Claims Loaded OK

- Go to **VIEW CLAIMS** then select **BATCH.**
- Click on the batch number of the batch you have just uploaded. FreeClaims will display all the claims inside the batch along the patient name, date of service etc.
- Each claim is numbered. Scroll down to the bottom of the list and make sure the number of claims loaded is the same as the number of claims found in the file from step 1.

Step 3 - Match Payor ID

- **While in Step 2**; if there are **purple** color claims (the color of the text displayed is **purple**) and the payer id field is blank, select **PROCESS CLAIMS, MATCH PAYOR ID** and assign the payer id to each payer found.
- Typically this is done once per variation of payer address so the first few batches will consume some time.

Step 4 - Match Network ID

- **While in Step 2**; if there are **purple** color claims, go to **PROCESS CLAIMS**, then select **MATCH NETWORK ID.**
- Enter your Provider Number for each payer found. If the payer assigned a Group Provider Number, enter that also. Otherwise, leave the Group Network Id blank
- If you have Premium Service you can read the message at the claim level display (view Claims, Batch or Claim) however we suggest you read the actual reports under the Report tab.

Step 5 - Correct Rejected Claims

- **While in Step 2,** if there are **red** color claims, click on the **TRACE NUMBER** to bring up the HCFA-1500 claim form.
- Read the error message at the top of the form and make appropriate corrections.
- Next scroll down and click **RESUBMIT CLAIM TO PAYOR.**

Step 6 - Read Payor Reports and correct claims

- Read new payer reports in your mailbox every day.Â Read the whole report thoroughly.
- If there are rejected claims found, Find the claims and click on the **TRACE NUMBER**, correct and resubmit.
- If you have Premium Service you can read the message at the claim level display (view Claims, Batch or Claim) however we suggest you read the actual reports under the Report tab.

Step 7 - Work aging report from your billing systems

- Print an aging report from your billing software every week and make sure you follow up on all unpaid claims.
- Give special priority to claims that are about to pass the payer filing deadline and to claims with high dollar value.

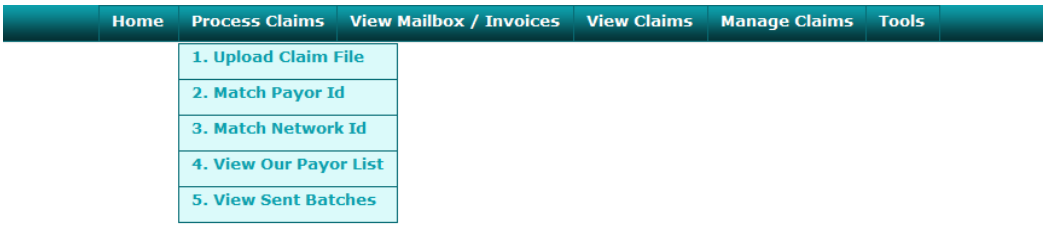
Most importantly, work the claims the way you feel most comfortable. We provide you with information we receive from either the entity we pass the claim to or the payer we pass the claim to. Most claims today pass thru multiple clearinghouses then to the payer which accepts the claims directly from that clearinghouse.

Upload Claim File

Create a batch of claims from your billing or practice management system. If you need help to create the claim data batch from your billing software, please contact your software vendor.

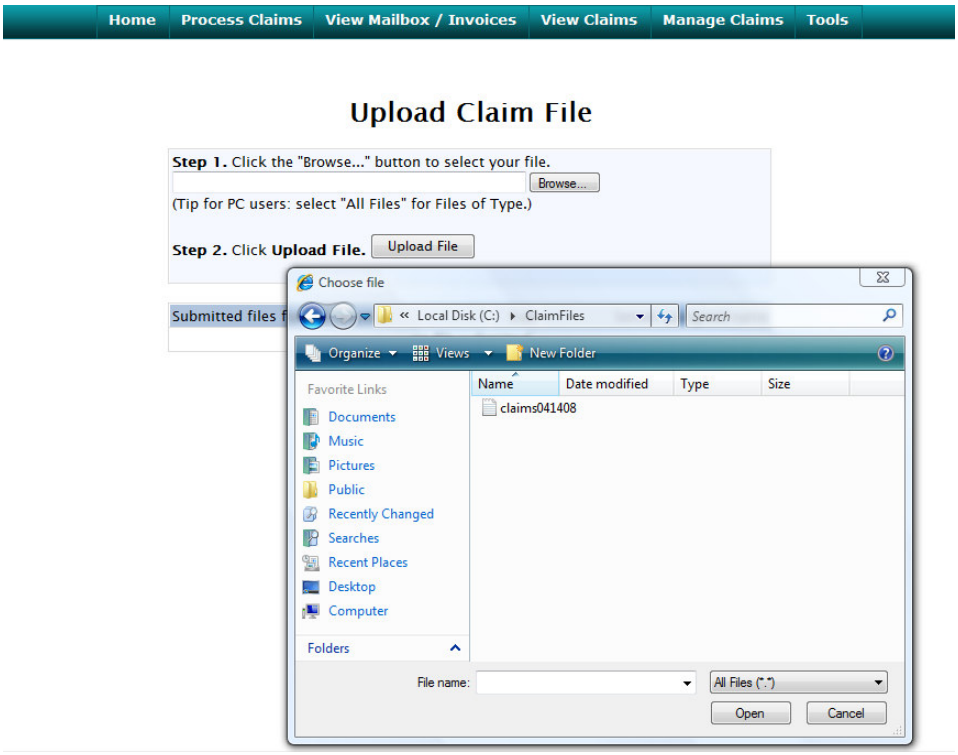
If asked by your software vendor, please inform them that we accept Print Image, National Standard Format (NSF), MCDS (old NEIC format) or ANSI 837p X12 4010.

Click on Process Claims then Upload Claim File from the dropdown menu

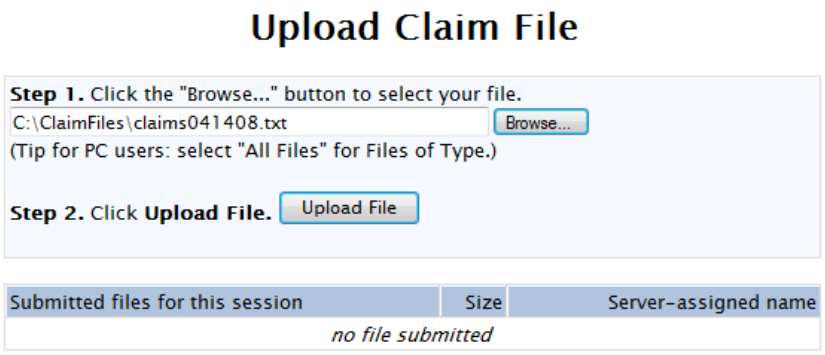


At the Upload Claim File Screen click the Browse button on the screen to search for the file you create from your billing or practice management system. The file should be saved in a directory or file folder on your local or network computer. The example below shows the file saved on the Root (C: drive) in the folder called ClaimFiles and the filename is claims041408.txt. You can place the file anywhere you desire and the naming convention is up to you however we suggest placing the file in a location that you can find easily.

Highlight the filename and click Open or simply double click the file.

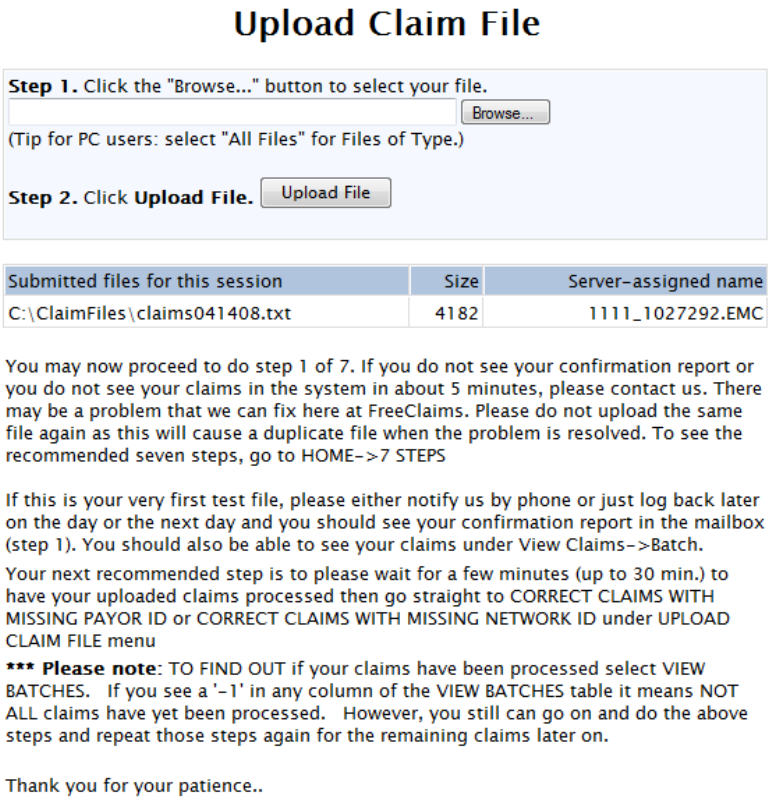


This will place the file and path (location of the file) into upload box (Figure 4.0)

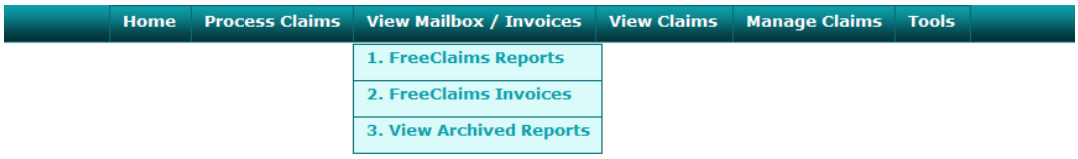

Upload Claim File
Step 1. Click the "Browse..." button to select your file.
C:\ClaimFiles\claims041408.txt
Browse...
(Tip for PC users: select "All Files" for Files of Type.)
Step 2. Click Upload File.
Upload File
Submitted files for this session
Size
Server-assigned name
no file submitted

(Figure 4.0)

Click on the Upload File button to upload the file. Do this only once per file to prevent duplicate batches of claims from being processed.


Upload Claim File
Step 1. Click the "Browse..." button to select your file.
Browse...
(Tip for PC users: select "All Files" for Files of Type.)
Step 2. Click Upload File.
Upload File
Submitted files for this session
Size
Server-assigned name
C:\ClaimFiles\claims041408.txt
4182
1111_1027292.EMC
You may now proceed to do step 1 of 7. If you do not see your confirmation report or you do not see your claims in the system in about 5 minutes, please contact us. There may be a problem that we can fix here at FreeClaims. Please do not upload the same file again as this will cause a duplicate file when the problem is resolved. To see the recommended seven steps, go to HOME->7 STEPS
If this is your very first test file, please either notify us by phone or just log back later on the day or the next day and you should see your confirmation report in the mailbox (step 1). You should also be able to see your claims under View Claims->Batch.
Your next recommended step is to please wait for a few minutes (up to 30 min.) to have your uploaded claims processed then go straight to CORRECT CLAIMS WITH MISSING PAYOR ID or CORRECT CLAIMS WITH MISSING NETWORK ID under UPLOAD CLAIM FILE menu
*** Please note: TO FIND OUT if your claims have been processed select VIEW BATCHES. If you see a '-1' in any column of the VIEW BATCHES table it means NOT ALL claims have yet been processed. However, you still can go on and do the above steps and repeat those steps again for the remaining claims later on.
Thank you for your patience..

View Mailbox/Invoices – Confirmation Report



The first report received after you submit a batch of claims to FreeClaims will be a Batch Confirmation report. This report lists all the claims received within the uploaded file and the total dollar amount of the batch. Some claims may contain errors and need to be corrected which is covered under error correction of the user documentation.

Clicking on the underlined link of the report you wish to view will display the report on the screen. Figure 5.0 displays a Batch report for claims uploaded and processed. Figure 5.1 displays the contents of the Batch Confirmation report.

View Reports
• For a free 30 days trial of FreeClaims premium service. Please call or email us
Listed below are all the reports you submitted. Clicking on the report's name will bring the report forward for you to review, print, etc.
Please read every report in this mailbox. If your claim is rejected by payors, it will be in these reports. The claims will not be marked in RED color unless you have a premium account. You must locate the BLUE color claim and make the necessary correction and resubmit. This is one of the most common error our users made.
You may mark a report for archiving by checking the box next to the report name. To initiate the archiving of the selected reports, click the Archive Reports button.
Click here for Medicare Summary Edits for NPI
Archive Reports
Reset
No
Report
Timestamp
Size
Archive?
1
1111_Batch_1027325_Confirmation_Report.txt
4/8/2008 4:22:28 PM
1288

(Figure 5.0)

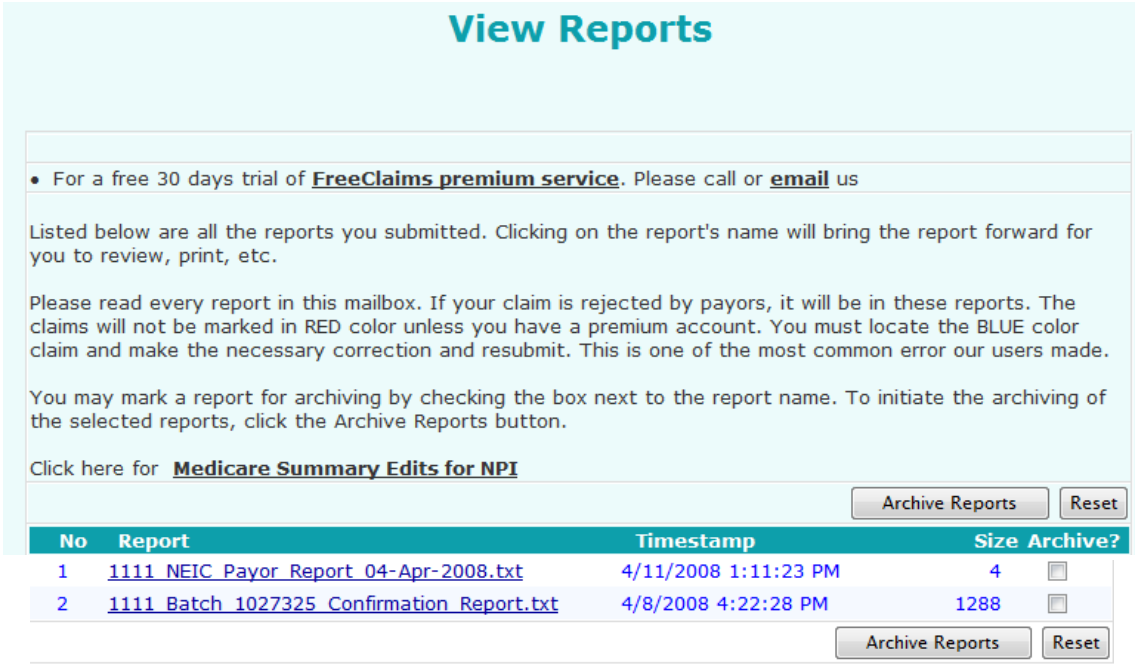
```
REPORT DATE:04-08-2008                                  TIME:4:22:28 PM
                              FREECLAIMS.COM
                          ACKNOWLEDGEMENT REPORT

                      FreeClaims assigned batch no:1027325
                           Claims for TaxId:111373670
                              Provider:ABLE,DAVID

STATUS     PATIENT NAME              PAT ACCOUNT     DOS          CLM CHARGE
TRACENO    INSURED ID      PAYOR NAME                    PAYOR ID  DELIVERY
-------------------------------------------------------------------------------
PENDING    GREEN, ALEX               7,652GREN       03/17/2008   $135.00
17383398   WBBB530587      CIGNA                                    PENDING

PENDING    WHITE, ADAM               7,651WHIT       03/11/2008   $135.00
17383397   WABC530587      CIGNA                                    PENDING


Total claims received   =2
Total claims charged    =      270.00
Total claims with errors=0
```

(Figure 5.1)

The report list will contain new reports as FreeClaims receives information from payers or intermediaries which forward the claims to the payers.

Figure 5.2 displays an additional report posted to the mailbox. This report would be available within 24 to 48 hours after the claims have been cleared or all errors or pending status and the claims are batched to payer. Pending and Error claims will be described in sections Manage Claims and Tools.

Clicking on the link identified as report No 1 will display the contents of the report (Figure 5.3). This example displays one of many types of reports that can be posted to the mailbox. This report contains one zero payment claims and verification of the two claims from the batch numbered 1027325 (see Figure 5.1).


View Reports
• For a free 30 days trial of FreeClaims premium service. Please call or email us
Listed below are all the reports you submitted. Clicking on the report's name will bring the report forward for you to review, print, etc.
Please read every report in this mailbox. If your claim is rejected by payors, it will be in these reports. The claims will not be marked in RED color unless you have a premium account. You must locate the BLUE color claim and make the necessary correction and resubmit. This is one of the most common error our users made.
You may mark a report for archiving by checking the box next to the report name. To initiate the archiving of the selected reports, click the Archive Reports button.
Click here for Medicare Summary Edits for NPI
Archive Reports
Reset
No
Report
Timestamp
Size
Archive?
1
1111_NEIC_Payor_Report_04-Apr-2008.txt
4/11/2008 1:11:23 PM
4
2
1111_Batch_1027325_Confirmation_Report.txt
4/8/2008 4:22:28 PM
1288
Archive Reports
Reset

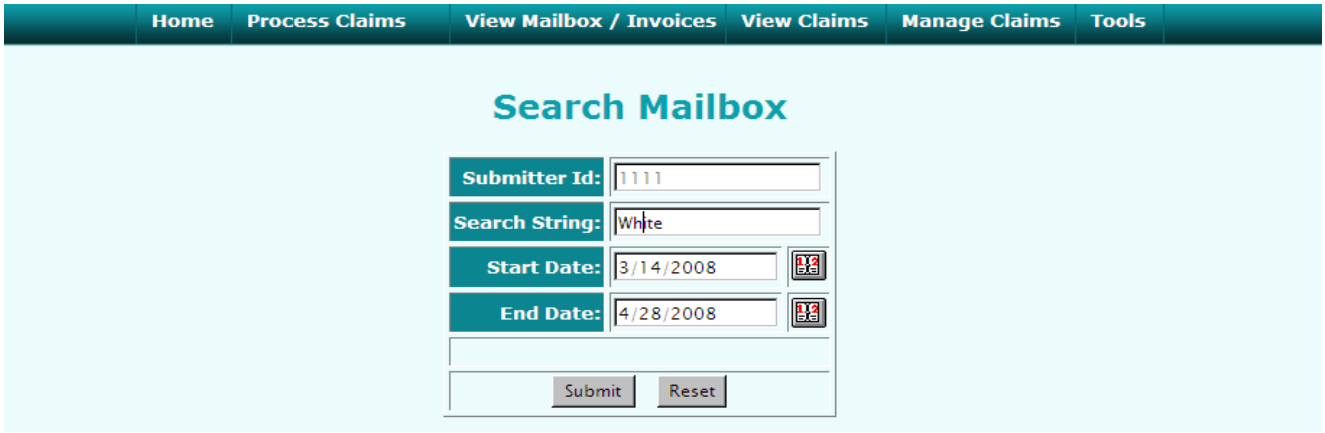
(Figure 5.2)

```
N.E.I.C.                                                    PAGE  1
04/09/08                    MCDS CLAIM STATUS EXCEPTION REPORT
                                ZERO PAYMENT CLAIMS
PROVIDER: 111606056 1301      DAVID ABLE DC          FRISCO, TX                    SUBMITTER: 752655275
-------------------------------------------------------------------------------------------------------------
CLAIM STATUS MESSAGE - COMPLETED: NO PAYMENT WILL BE MADE FOR THIS CLAIM
                    PATIENT          STATEMENT DATES      NEIC                                    TOTAL
  PATIENT NAME      CONTROL NUMBER   FROM      THRU       DATE      PAYOR          PHONE        CHARGES
  P CAPTAIN         2,821CAPT        04/01/08 - 04/01/08  04/02/08  CIGNA          (555)577-7498  180.00

MCDS-R022                                   N.E.I.C.                                          PAGE    1
RUN DATE: 04/09/08          MEDICAL/DENTAL CLAIMS DISTRIBUTION SYSTEMS
                              PROVIDER DAILY STATISTICS
SUBMITTER ID:  752655275          PROVIDER ID:  111606056 1111          SERIAL NO.   DATE RECVD   TIME RECVD
               CARENET SYSTEMS                  DAVID ABLE DC
               EULESS, TX                       FRISCO, TX              003477      04/08/08     16:40:23
               BATCH          CLAIMS INPUT          CLAIMS ACCEPTED          CLAIMS REJECTED
               TYP  NO     NUMBER    $ VALUE     NUMBER    $ VALUE        NUMBER    $ VALUE
               100  01        2       270.00        1       270.00          0          .00


MCDS-R023                                   N.E.I.C.                                          PAGE    1
RUN DATE: 12/04/07          MEDICAL/DENTAL CLAIMS DISTRIBUTION SYSTEMS
                              PROVIDER DAILY SUMMARY
SUBMITTER ID: 752655275                                          PROVIDER ID: 421606056 1301
              CARENET SYSTEMS                                                DAVID KAFF DC
              EULESS, TX                                                     FRISCO, TX
------------------------------------------ A C C E P T E D   C L A I M S ------------------------------------------
              JOB NUMBER: 85359          SERIAL NUMBER:  003477          DATE RECVD:  04/08/08
                                         PROCESSING DT:  04/08/08        TIME RECVD:  16:40:23
        BATCH
        TYP  NO      COMMERCIAL ONLY      MEDICARE ONLY      COMMERCIAL & MEDICARE      BATCH TOTALS
        100  01             1                   0                    0                       1

           TOTALS:          1                   0                    0                       1
------------------------------------------ P R O V I D E R   T O T A L S ------------------------------------------
          **********C L A I M S **********                    ********B A T C H E S *********
              I N P U T          A C C E P T E D          R E J E C T E D          INPUT   ACCEPTED   REJECTED
            NUMBER   $ VALUE    NUMBER  %   $ VALUE     NUMBER  %   $ VALUE       NUMBER  NUMBER  %  NUMBER  %
DLY:             1   1,830.00        1 100     270.00        0  0        .00          1       1 100     0  0
MTD:             3   1,830.00        3 100   1,830.00        0  0        .00
YTD:          1109 189,437.00     1094  99  186,852.00       15  1   2,585.00

MCDS-R026                                   N.E.I.C.                                          PAGE    1
RUN DATE: 12/04/07          MEDICAL/DENTAL CLAIMS DISTRIBUTION SYSTEMS
                                  *** DAILY ***
                          ACCEPTANCE REPORT BY PROVIDER
SUBMITTER ID: 752655275          PROVIDER ID: 111606056 1111          SERIAL   PROCESSING    DATE      TIME
              CARENET SYSTEMS                  DAVID ABLE DC          NUMBER     DATE      RECEIVED  RECEIVED
              EULESS, TX                       FRISCO, TX             003477   04/08/08    04/08/08  16:40:23
 BATCH      PATIENT          PATIENT      PATIENT                  BATCH     PATIENT          PATIENT      PATIENT
TYPE NO   CONTROL NUMBER    LAST NAME    FRST NAME/MI  SOP  .   TYPE NO   CONTROL NUMBER    LAST NAME    FRST NAME/MI  SOP
                                                                .
100  01   7,652GREN         GREEN        ALEX          COM  .   100  01   7,651WHIT         WHITE        ADAM          COM
```

(Figure 5.3)

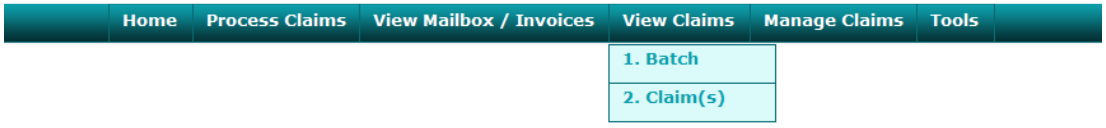
Search Reports (NEW Feature)

You can now search for information in the reports in your mailbox from the <View Mailbox / Invoices> select Search Reports from the dropdown. Enter your search criteria (must be exact match to find) and click submit. The results will display all reports containing the criteria you entered. Select the report you want to view.



View Claims

Claims can be viewed by all claims in a Batch or by Claim search. Figure 6.0a displays claims by batch, figure 6.0b displays each claim after clicking on the Batch number to drill down to the claim level of the batch



Batches Submitted By 1111

View frequently asked questions about this page

NOTE: The statistics below are from the initial upload and will not change after you correct the rejected claims to see if your claims are OK, just read the Summary Screen when you first login or select Manage Claims then view Rejected, Payor Id Pending or Networkid Pending claims.

	BATCH NO	SUBMITTER ID	CLAIMS SENT	CLAIMS ACKNOWLEDGED	CLAIMS REJECTED	FILE SIZE (BYTES)	RECEIVED DATE	PROVIDER
1	1027325	1111	2	2	0	2134	4/8/2008 4:22:36 PM	ABLE,DAVID
2	1027315	1111	2	2	0	2122	4/8/2008 4:19:25 PM	ABLE,DAVID

(Figure 6.0a)

View Claims from batch:1027325 Submitter:1111

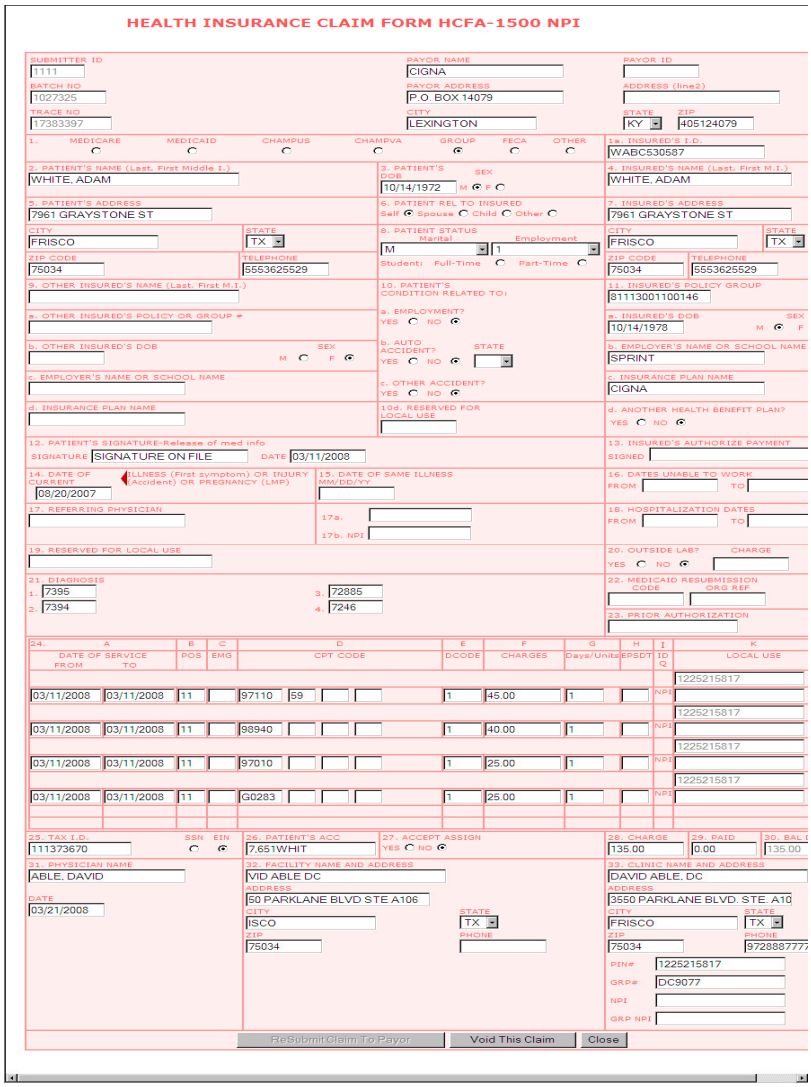
BLUE: Good claims that are queued to go out or have been sent to Payors
PURPLE: Pending claims. Claims on hold due to missing payor id and/or network id
RED: Error claims.
BLACK: Void or deleted claims

	TRACE NO	BATCH NO	STATUS	PATIENT NAME LAST	PATIENT NAME FIRST	ACC NO	PAYORID	DEST.	DOS	CHARGE	NETWORK ID	GRP NETWORK ID	PROV LASTNAME
1	17383397	1027325	PENDING	WHITE	ADAM	7,651WHIT			03/11/2008	135.00	1225215817	DC9077	ABLE
2	17383398	1027325	PENDING	GREEN	ALEX	7,652GREN			03/17/2008	135.00	1111115817	DC9077	ABLE

(Figure 6.0b)

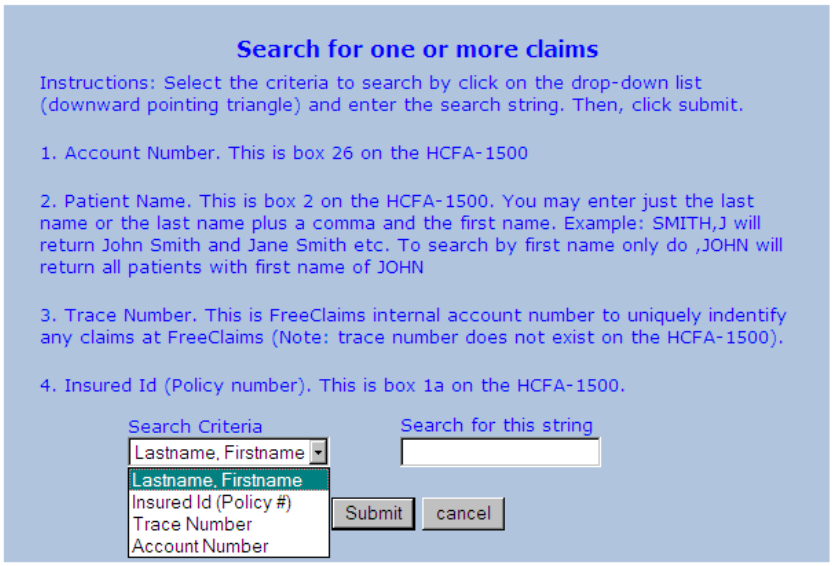
The Trace number is underlined indicating you can view the claim in full by clicking on it.

Clicking on the Trace number will allow you to open up the claim.


HEALTH INSURANCE CLAIM FORM HCFA-1500 NPI
SUBMITTER ID 1111
BATCH NO 1027325
TRACE NO 17383397
PAYOR NAME CIGNA
PAYOR ADDRESS P.O. BOX 14079
CITY LEXINGTON
PAYOR ID
ADDRESS (line2)
STATE KY
ZIP 405124079
1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP FECA OTHER
1a. INSURED'S I.D. WABC530587
2. PATIENT'S NAME (Last, First Middle I.) WHITE, ADAM
3. PATIENT'S DOB 10/14/1972 SEX M F
4. INSURED'S NAME (Last, First M.I.) WHITE, ADAM
5. PATIENT'S ADDRESS 7961 GRAYSTONE ST
6. PATIENT REL TO INSURED Self Spouse Child Other
7. INSURED'S ADDRESS 7961 GRAYSTONE ST
CITY FRISCO STATE TX
8. PATIENT STATUS Marital M Employment 1
Student: Full-Time Part-Time
CITY FRISCO STATE TX
ZIP CODE 75034 TELEPHONE 5553625529
9. OTHER INSURED'S NAME (Last, First M.I.)
10. PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP 81113001100146
a. OTHER INSURED'S POLICY OR GROUP #
a. EMPLOYMENT? YES NO
a. INSURED'S DOB 10/14/1978 SEX M F
b. OTHER INSURED'S DOB SEX M F
b. AUTO ACCIDENT? YES NO STATE
b. EMPLOYER'S NAME OR SCHOOL NAME SPRINT
c. EMPLOYER'S NAME OR SCHOOL NAME
c. OTHER ACCIDENT? YES NO
c. INSURANCE PLAN NAME CIGNA
d. INSURANCE PLAN NAME
10d. RESERVED FOR LOCAL USE
d. ANOTHER HEALTH BENEFIT PLAN? YES NO
12. PATIENT'S SIGNATURE-Release of med info SIGNATURE SIGNATURE ON FILE DATE 03/11/2008
13. INSURED'S AUTHORIZE PAYMENT SIGNED
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) 08/20/2007
15. DATE OF SAME ILLNESS MM/DD/YY
16. DATES UNABLE TO WORK FROM TO
17. REFERRING PHYSICIAN
17a.
17b. NPI
18. HOSPITALIZATION DATES FROM TO
19. RESERVED FOR LOCAL USE
20. OUTSIDE LAB? YES NO CHARGE
21. DIAGNOSIS 1. 7395 2. 7394 3. 72885 4. 7246
22. MEDICAID RESUBMISSION CODE ORG REF
23. PRIOR AUTHORIZATION
24. A DATE OF SERVICE FROM TO | B POS | C EMG | D CPT CODE | E DCODE | F CHARGES | G Days/Units | H EPSDT | I ID Q | K LOCAL USE
03/11/2008 03/11/2008 11 97110 59 1 45.00 1 1225215817
03/11/2008 03/11/2008 11 98940 1 40.00 1 1225215817
03/11/2008 03/11/2008 11 97010 1 25.00 1 1225215817
03/11/2008 03/11/2008 11 G0283 1 25.00 1
25. TAX I.D. 111373670 SSN EIN
26. PATIENT'S ACC 7,651WHIT
27. ACCEPT ASSIGN YES NO
28. CHARGE 135.00
29. PAID 0.00
30. BAL 135.00
31. PHYSICIAN NAME ABLE, DAVID
DATE 03/21/2008
32. FACILITY NAME AND ADDRESS VID ABLE DC
ADDRESS 50 PARKLANE BLVD STE A106
CITY ISCO STATE TX
ZIP 75034 PHONE
33. CLINIC NAME AND ADDRESS DAVID ABLE, DC
ADDRESS 3550 PARKLANE BLVD. STE. A10
CITY FRISCO STATE TX
ZIP 75034 PHONE 9728887777
PIN# 1225215817
GRP# DC9077
NPI
GRP NPI
ReSubmit Claim To Payor
Void This Claim
Close

The display of the claim form is informational however the form may also be used to correct error claims and resubmit which will be described in section Manage Claims and Tools.

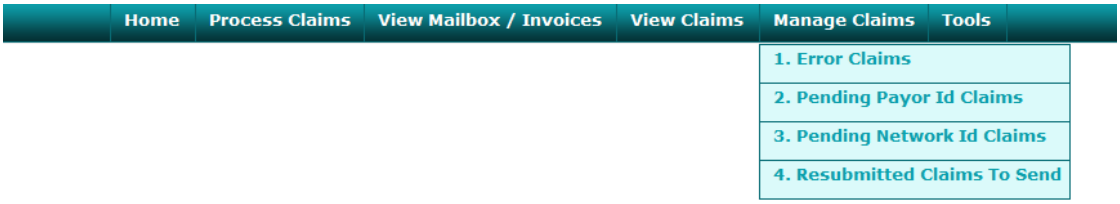
Searching by Claim is accomplished by entering a search string identified by the dropdown search criteria. Entering no data and selecting submit displays all claims. This is the fastest way to find a claims submitted to FreeClaims.


Search for one or more claims
Instructions: Select the criteria to search by click on the drop-down list (downward pointing triangle) and enter the search string. Then, click submit.
1. Account Number. This is box 26 on the HCFA-1500
2. Patient Name. This is box 2 on the HCFA-1500. You may enter just the last name or the last name plus a comma and the first name. Example: SMITH,J will return John Smith and Jane Smith etc. To search by first name only do ,JOHN will return all patients with first name of JOHN
3. Trace Number. This is FreeClaims internal account number to uniquely indentify any claims at FreeClaims (Note: trace number does not exist on the HCFA-1500).
4. Insured Id (Policy number). This is box 1a on the HCFA-1500.
Search Criteria
Lastname, Firstname
Search for this string
Lastname, Firstname
Insured Id (Policy #)
Trace Number
Account Number
Submit
cancel

(Figure 6.1)

Claims can be managed in several places on the FreeClaims application. First we will look at the Manage Claims option

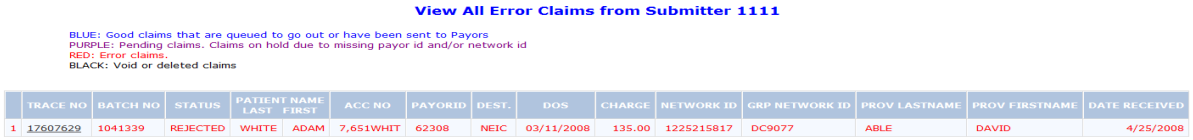
Manage Claims

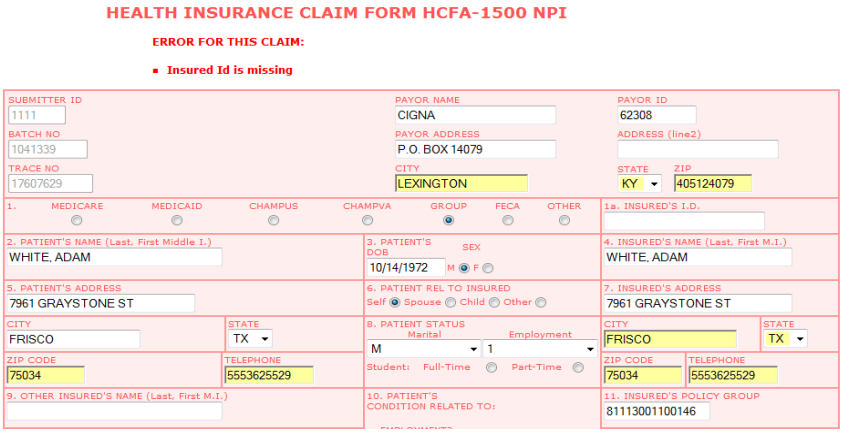


There are four options under Manage Claims. You can manage your error claims, pending payer or network ID claims and see claims flagged as resubmitted after correcting online.

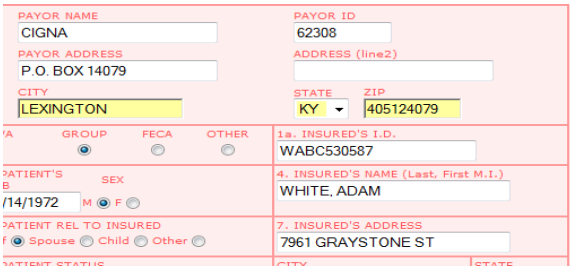
Error Claims

Select Error claims from the Manage Claims toolbar dropdown. Click on the trace number of the claim containing an error to display the claim.

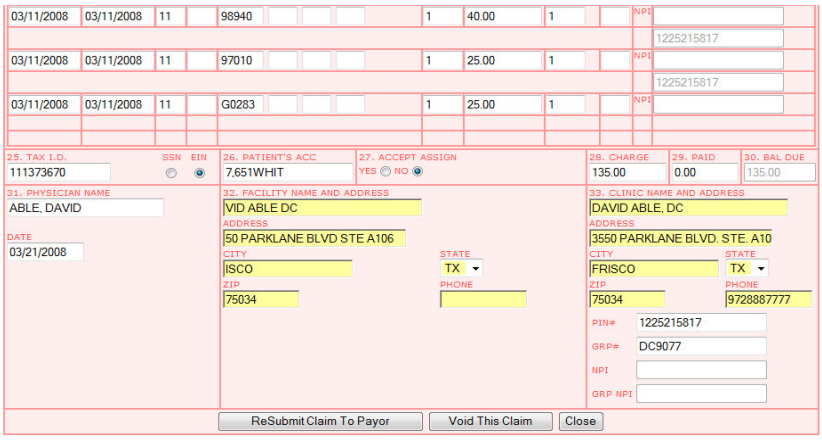

View All Error Claims from Submitter 1111
BLUE: Good claims that are queued to go out or have been sent to Payors
PURPLE: Pending claims. Claims on hold due to missing payor id and/or network id
RED: Error claims.
BLACK: Void or deleted claims
TRACE NO BATCH NO STATUS PATIENT NAME LAST FIRST ACC NO PAYORID DEST. DOS CHARGE NETWORK ID GRP NETWORK ID PROV LASTNAME PROV FIRSTNAME DATE RECEIVED
1 17607629 1041339 REJECTED WHITE ADAM 7,651WHIT 62308 NEIC 03/11/2008 135.00 1225215817 DC9077 ABLE DAVID 4/25/2008


HEALTH INSURANCE CLAIM FORM HCFA-1500 NPI
ERROR FOR THIS CLAIM:
Insured Id is missing
SUBMITTER ID 1111
BATCH NO 1041339
TRACE NO 17607629
PAYOR NAME CIGNA
PAYOR ADDRESS P.O. BOX 14079
CITY LEXINGTON
PAYOR ID 62308
ADDRESS (line2)
STATE KY
ZIP 405124079
1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP FECA OTHER
1a. INSURED'S I.D.
2. PATIENT'S NAME (Last, First Middle I.) WHITE, ADAM
3. PATIENT'S DOB 10/14/1972 SEX M F
4. INSURED'S NAME (Last, First M.I.) WHITE, ADAM
5. PATIENT'S ADDRESS 7961 GRAYSTONE ST
6. PATIENT REL TO INSURED Self Spouse Child Other
7. INSURED'S ADDRESS 7961 GRAYSTONE ST
CITY FRISCO STATE TX
8. PATIENT STATUS Marital M Employment 1
Student: Full-Time Part-Time
CITY FRISCO STATE TX
ZIP CODE 75034 TELEPHONE 5553625529
9. OTHER INSURED'S NAME (Last, First M.I.)
10. PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP 81113001100146

Claim with Error displayed



Correct Claim with Insured ID entered


03/11/2008 03/11/2008 11 98940 1 40.00 1 NPI 1225215817
03/11/2008 03/11/2008 11 97010 1 25.00 1 NPI 1225215817
03/11/2008 03/11/2008 11 G0283 1 25.00 1 NPI
25. TAX I.D. 111373670 SSN EIN
26. PATIENT'S ACC 7,651WHIT
27. ACCEPT ASSIGN YES NO
28. CHARGE 135.00
29. PAID 0.00
30. BAL DUE 135.00
31. PHYSICIAN NAME ABLE, DAVID
DATE 03/21/2008
32. FACILITY NAME AND ADDRESS VID ABLE DC
ADDRESS 50 PARKLANE BLVD STE A106
CITY ISCO STATE TX
ZIP 75034 PHONE
33. CLINIC NAME AND ADDRESS DAVID ABLE, DC
ADDRESS 3550 PARKLANE BLVD. STE. A10
CITY FRISCO STATE TX
ZIP 75034 PHONE 9728887777
PIN# 1225215817
GRP# DC9077
NPI
GRP NPI
ReSubmit Claim To Payor
Void This Claim
Close

Select Resubmit claim to payer

Your claim has been saved sucessfully. Please close this window.

Note: If you select view batch again, you should see that this claim has a status of RESUBMITTED and should be in BLUE. (You must select view batch as we have not auto refresh the screen like the old system)

Pending Payer ID Claims or Edit Payer ID Match

Pending payer ID claims occur when a new payer is sent to FreeClaims or the spelling or address information for the payer is different than previously submitted. In this case you must match the payer to a payer ID. See figure below.

View All PayorId-Pending Claims from Submitter 1111

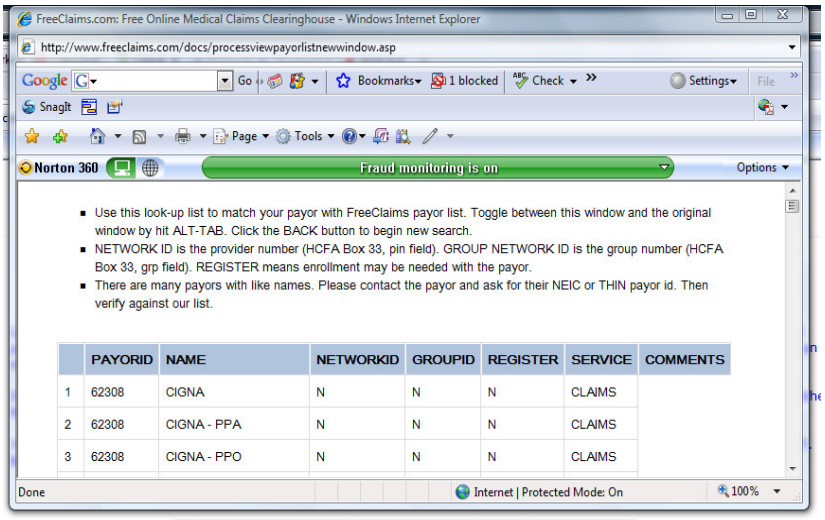
BLUE: Good claims that are queued to go out or have been sent to Payors
PURPLE: Pending claims. Claims on hold due to missing payor id and/or network id
RED: Error claims.
BLACK: Void or deleted claims

	TRACE NO	BATCH NO	STATUS	PATIENT NAME LAST	FIRST	ACC NO	PAYORID	DEST.	DOS	CHARGE	NETWORK ID	GRP NETWORK ID	PROV LASTNAME	PROV FIRSTNAME	DATE RECEIVED
1	17383397	1027325	PENDING	WHITE	ADAM	7,651WHIT			03/11/2008	135.00	1225215817	DC9077	ABLE	DAVID	4/8/2008
2	17383398	1027325	PENDING	GREEN	ALEX	7,652GREN			03/17/2008	135.00	1111115817	DC9077	ABLE	DAVID	4/8/2008

Master List of Payor Id Match for submitter: 1111

BLUE: You have already assign a payor id to these records
PURPLE: Pending payor id. Go to PROCESS CLAIMS -> MATCH PAYORID to match these records

NO	SEQ ID	SUB ID	STATUS	TAX ID	PAYOR ID	PAYOR KEY
1	198909	1111	PENDING	111373670		CIGNA~P.O. BOX 14079~LEXINGTON~KY~40512~


FreeClaims.com: Free Online Medical Claims Clearinghouse - Windows Internet Explorer
http://www.freeclaims.com/docs/processviewpayorlistnewwindow.asp
Norton 360
Fraud monitoring is on
Use this look-up list to match your payor with FreeClaims payor list. Toggle between this window and the original window by hit ALT-TAB. Click the BACK button to begin new search.
NETWORK ID is the provider number (HCFA Box 33, pin field). GROUP NETWORK ID is the group number (HCFA Box 33, grp field). REGISTER means enrollment may be needed with the payor.
There are many payors with like names. Please contact the payor and ask for their NEIC or THIN payor id. Then verify against our list.
PAYORID NAME NETWORKID GROUPID REGISTER SERVICE COMMENTS
1 62308 CIGNA N N N CLAIMS
2 62308 CIGNA - PPA N N N CLAIMS
3 62308 CIGNA - PPO N N N CLAIMS
Done
Internet | Protected Mode: On
100%

	PAYOR FOUND	ASSIGN THIS ID	PAPER	VOID/IGNORE
1	CIGNA P.O. BOX 14079 LEXINGTON, KY 40512	62308		

SUBMIT Reset

Click submit and the payer ID will be added

Master List of Payor Id Match for submitter: 1111

BLUE: You have already assign a payor id to these records
PURPLE: Pending payor id. Go to PROCESS CLAIMS -> MATCH PAYORID to match these records

NO	SEQ ID	SUB ID	STATUS	TAX ID	PAYOR ID	PAYOR KEY
1	198909	1111	DONE	111373670	62308	CIGNA~P.O. BOX 14079~LEXINGTON~KY~40512~

Pending Network ID Claims or Edit My Network ID Match

Master List of Network Id/Group Network Id Match for submitter: 1111

View frequently asked question about this page

BLUE: You have already assign a Network Id and or Group Network Id to these records
PURPLE: Pending Network id/Group Network Id. Go to PROCESS CLAIMS -> MATCH NETWORK ID to match these records

NO	SEQ ID	SUB ID	STATUS	NETWORK ID (Box 24j Shaded Area)	GROUP NTWK (Box 33.b) ID	NPI (Box 24j White Area)	GROUP NPI (Box 33.a)	MATCH HINT	PAYOR NAME
1	47435	1111	PENDING					1111~111373670~75034~ABLE~DAVID~txmcr~	MEDICARE TEXAS

Click on the Seq ID (underlined) to allow changes or entries

Please assign a networkid/group networkid to each entry below

- Listed below are Practice/Provider information blocks ready for you to assign a either a network id or group network id. Please note we are displaying only 10 entries at a time. As you assign an id(s) to an entry, that entry will be removed and new ones would take its place.
- You do not have to match all the entry before clicking SUBMIT. You may match as many entries as you wish and click SUBMIT. Blank entries will remain on this list if you wish do match them at a later time.
- What's a network id? - Network Id is the same as what you would call "Provider Number". Network Id can be found on block 24K of the HCFA. It can also be found on block 33 in the PIN field. (This field goes out in 2310B Loop and 2420A Loop in the HIPAA Ansi 837 Specifications).

  Group Network Id is the same as what you would call "Group Number". Group Network Id can be found on block 33 in the GRP field. (This field goes out in 2010AA Loop in the HIPAA Ansi 837 Specifications).

	NAME	NETWORK ID (PROVIDER NO) (Box 24j Shaded Area)	GROUP NETWORK ID (GROUP NO)(Box 33.b)	INDIVIDUAL NPI (Box 24j White Area)	GROUP NPI (Box 33.a)
1	Tax Id: 111373670 Clinic Zip:75034 Provider Name:DAVID ABLE Facility Address: PayorId:txmcr MEDICARE TEXAS				

SUBMIT Reset

Please assign a networkid/group networkid to each entry below

- Listed below are Practice/Provider information blocks ready for you to assign a either a network id or group network id. Please note we are displaying only 10 entries at a time. As you assign an id(s) to an entry, that entry will be removed and new ones would take its place.
- You do not have to match all the entry before clicking SUBMIT. You may match as many entries as you wish and click SUBMIT. Blank entries will remain on this list if you wish do match them at a later time.
- What's a network id? - Network Id is the same as what you would call "Provider Number". Network Id can be found on block 24K of the HCFA. It can also be found on block 33 in the PIN field. (This field goes out in 2310B Loop and 2420A Loop in the HIPAA Ansi 837 Specifications).

  Group Network Id is the same as what you would call "Group Number". Group Network Id can be found on block 33 in the GRP field. (This field goes out in 2010AA Loop in the HIPAA Ansi 837 Specifications).

	NAME	NETWORK ID (PROVIDER NO) (Box 24j Shaded Area)	GROUP NETWORK ID (GROUP NO)(Box 33.b)	INDIVIDUAL NPI (Box 24j White Area)	GROUP NPI (Box 33.a)
1	Tax Id: 111373670 Clinic Zip:75034 Provider Name:DAVID ABLE Facility Address: PayorId:txmcr MEDICARE TEXAS	1234567890	9876543210	1234567890	9876543210

SUBMIT Reset

Enter the correct ID numbers (for Medicare enter the NPI or Group NPI in the network ID and Group Network ID fields then click on submit

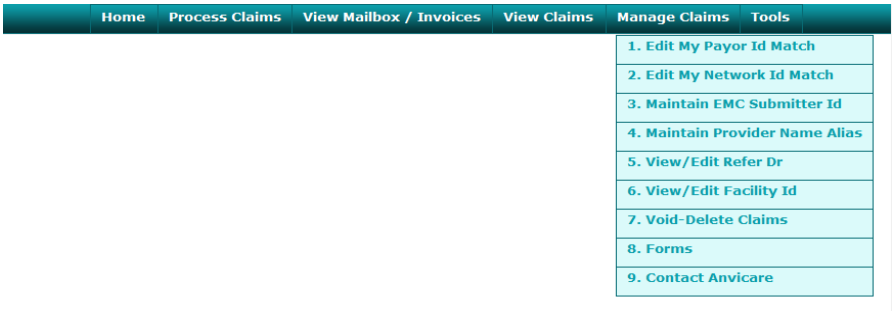
Resubmitted Claims to Send

Click on Manage Claims > View Submitted Claims to send and all claims that are corrected will be flagged for resubmission and will be picked up during payer batching to be sent to the payers.

BLUE: Good claims that are queued to go out or have been sent to Payors
PURPLE: Pending claims. Claims on hold due to missing payor id and/or network id
RED: Error claims.
BLACK: Void or deleted claims

	TRACE NO	BATCH NO	STATUS	PATIENT NAME LAST	FIRST	ACC NO	PAYORID	DEST.	DOS	CHARGE	NETWORK ID	GRP NETWORK ID	PROV LASTNAME	PROV FIRSTNAME	DATE RECEIVED
1	17607629	1041339	RESUBMITTED	WHITE	ADAM	7,651WHIT	62308	NEIC	03/11/2008	135.00	1225215817	DC9077	ABLE	DAVID	4/25/2008

Tools



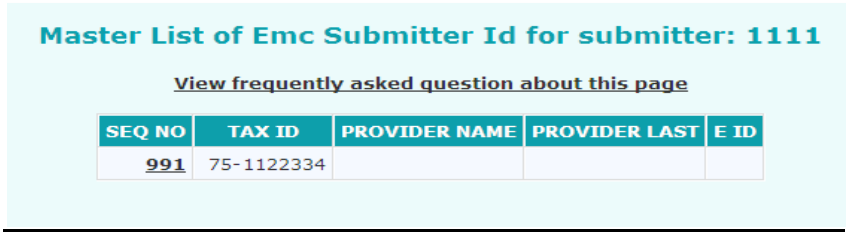
Edit my Payer ID Match and Edit my Network ID Match are covered on pages 17 and 18.

Maintain EMC Submitter ID

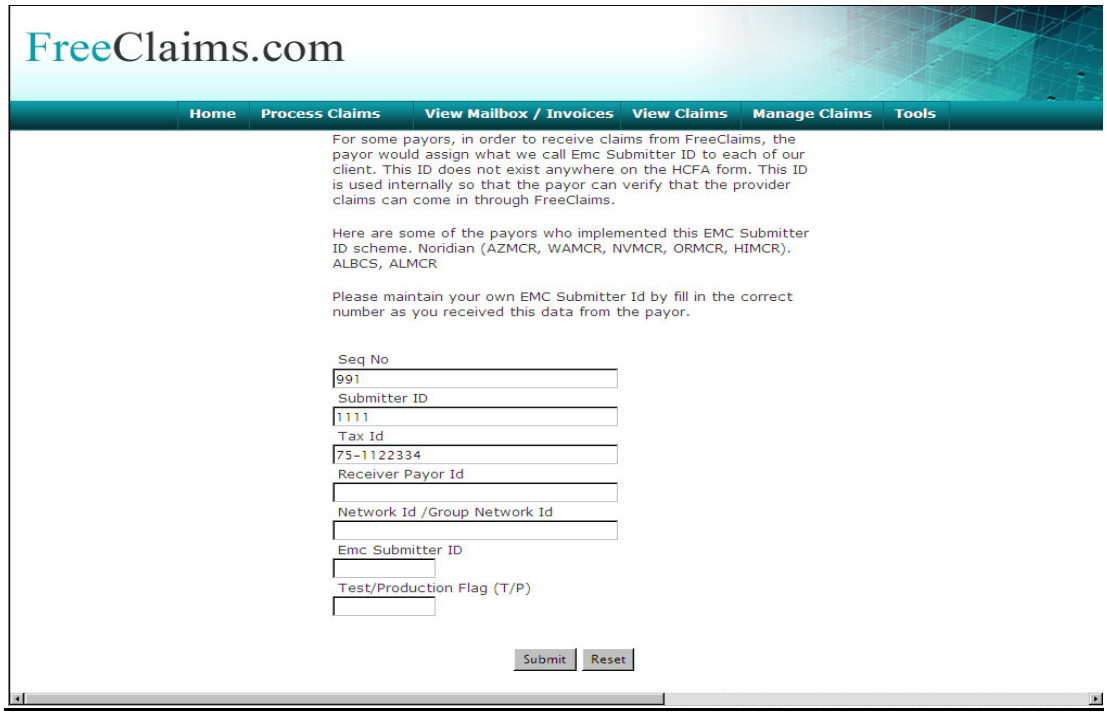
For some payors, in order to receive claims from FreeClaims, the payor would assign what we call Emc Submitter ID to each of our client. This ID does not exist anywhere on the HCFA form. This ID is used internally so that the payor can verify that the provider claims can come in through FreeClaims.

Here are some of the payors who implemented this EMC Submitter ID scheme. Noridian (AZMCR, WAMCR, NVMCR, ORMCR, HIMCR). ALBCS, ALMCR

Please maintain your own EMC Submitter Id by fill in the correct number as you received this data from the payer.

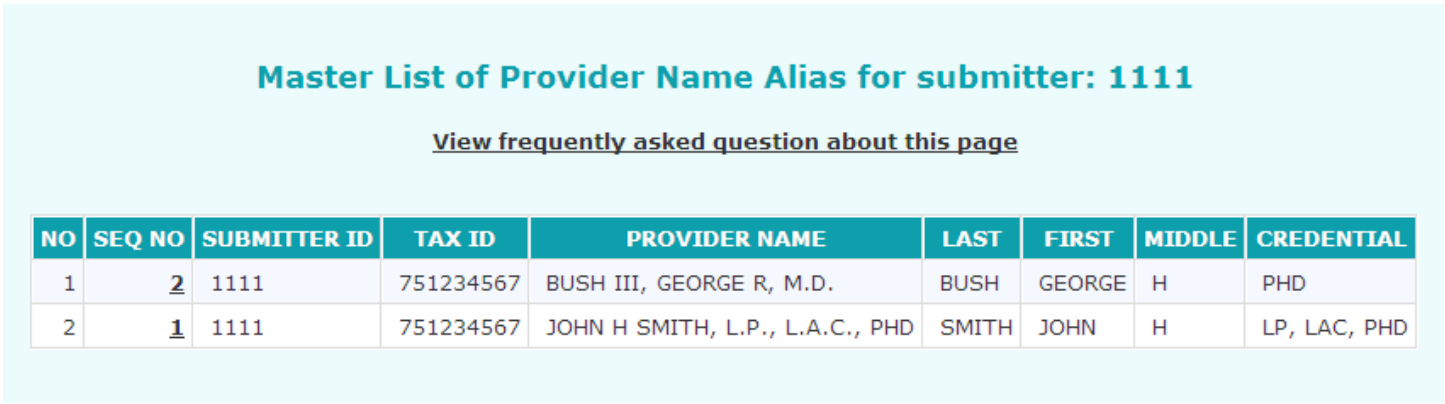


Click on the SEQ NO to edit


FreeClaims.com
Home
Process Claims
View Mailbox / Invoices
View Claims
Manage Claims
Tools
For some payors, in order to receive claims from FreeClaims, the payor would assign what we call Emc Submitter ID to each of our client. This ID does not exist anywhere on the HCFA form. This ID is used internally so that the payor can verify that the provider claims can come in through FreeClaims.
Here are some of the payors who implemented this EMC Submitter ID scheme. Noridian (AZMCR, WAMCR, NVMCR, ORMCR, HIMCR). ALBCS, ALMCR
Please maintain your own EMC Submitter Id by fill in the correct number as you received this data from the payor.
Seq No
991
Submitter ID
1111
Tax Id
75-1122334
Receiver Payor Id
Network Id /Group Network Id
Emc Submitter ID
Test/Production Flag (T/P)
Submit
Reset

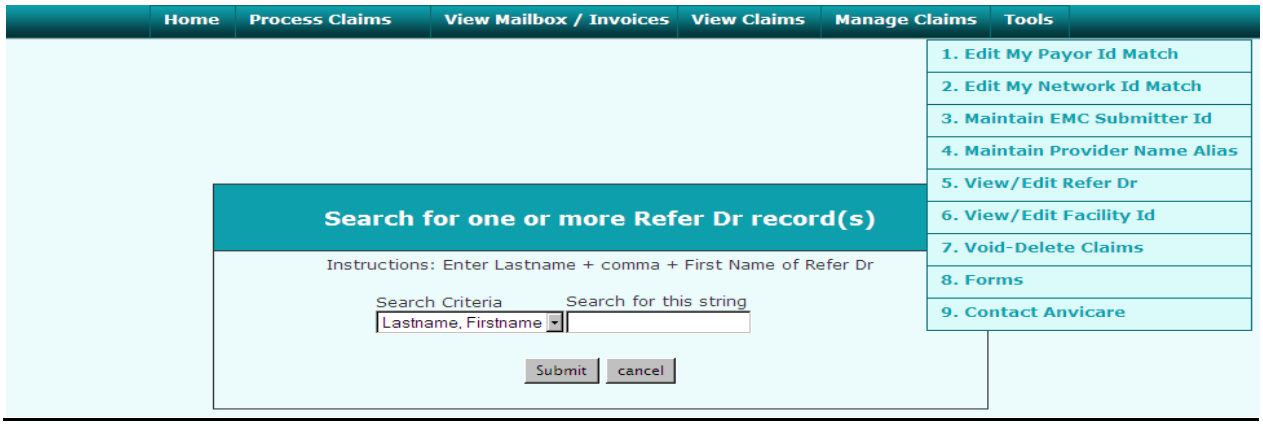
Enter the submitter number if applicable and click on submit.

Maintain Provider Name Alias

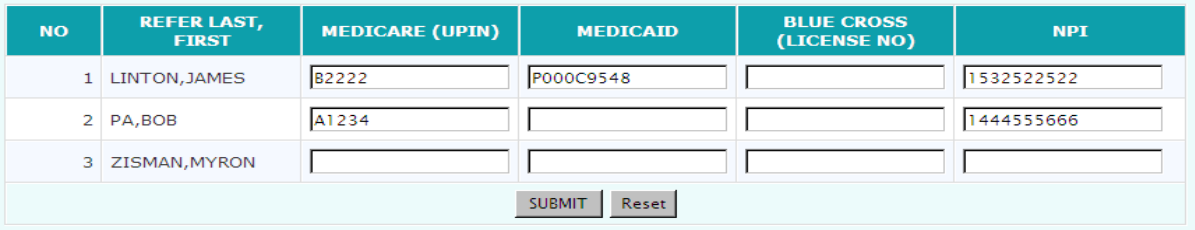


Click on the SEQ NO to view or edit.

View Edit Referring Doctor



Select View/Edit Refer Dr. from the main toolbar. You can then search by name or other information by entering a search string or you can simply click on submit to list all.

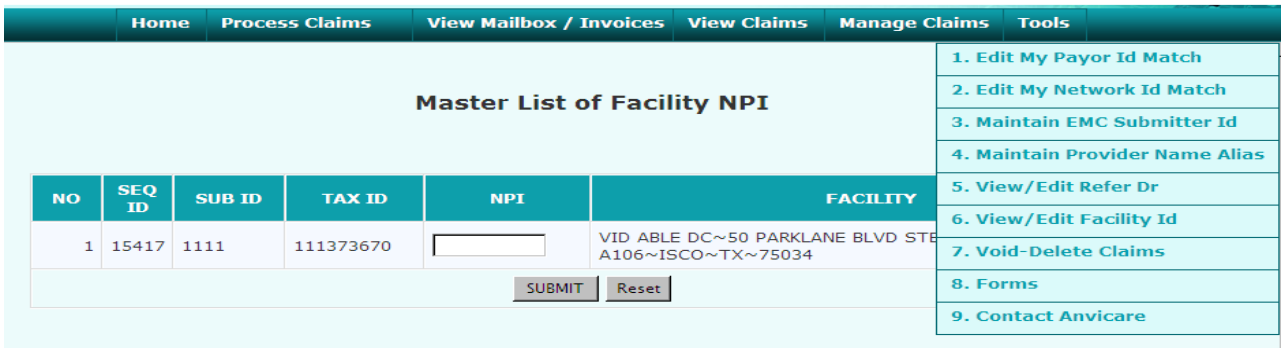


NO	REFER LAST, FIRST	MEDICARE (UPIN)	MEDICAID	BLUE CROSS (LICENSE NO)	NPI
1	LINTON,JAMES	82222	P000C9548		1532522522
2	PA,BOB	A1234			1444555666
3	ZISMAN,MYRON				

SUBMIT Reset

Edit as required. Click Submit.

View /Edit Facility ID



Click on Tools > View/Edit Facility ID. Edit as required. Click Submit.

Forms

The forms page is set up to assist with required paperwork and documentation for payer setups. Not all payers require setup. Complete the paperwork for any of the following payers or payers that indicate enrollment = Y on our payer list. Should a form not be found contact support@anvicare.com for assistance. Some forms are pre-filled with FreeClaims /Anvicare information. Contact support@anvicare.com if you have other questions.

FreeClaims.com

Home | Process Claims | View Mailbox / Invoices | View Claims | Manage Claims | Tools

FreeClaims Forms

Anvicare FreeClaims Credit Card Authorization.pdf
Freeclaims Price List.doc
Sample Print-Image Claim File.txt

Payor Forms

CMS Medicare Remit Easy Print(MREP)

1. 00882 RR_Medicare_ERA_enrollment.pdf
2. Alabama Blue Cross Request for Sign-on and Client ID.pdf
3. Alabama Blue Cross-Alabama Medicare EDI Enrollment-BCBSAL.pdf
4. Alabama Blue Cross-Alabama Medicare EDI Enrollment-Medicare 052003.pdf
5. Alabama Blue Crosss Change Request Form.pdf
6. Arkansas Blue Cross ARBCS letter_of_authorization_012606.pdf
7. California Medicare Northern Region Part B (page 1 of 3).pdf
8. California Medicare Northern Region Part B (page 2 of 3).pdf
9. California Medicare Northern Region Part B (page 3 of 3).pdf
10. California Medicare Southern Region EDI Enrollment form3_10_2006.pdf
11. CAMCD cmcenrollform 6153_z01.doc
12. Cigna_IDMCR_NCMCR_TNMCR_EDI_Profile.pdf
13. COMCD EDI_Update_form_1006_Final.pdf
14. Connecticut, New Hampshire, Maine CTBCS MEBCS NHBCS Enrollment.pdf
15. DMERC Reg D EDI_Enrollment_Form_100802.pdf
16. DMERC REGION A (HEALTHNOW) EDI Enrollment Form 10-27-03.pdf
17. DMERC REGION C Palmetto GBA EDI EnrollPack Oct03.pdf
18. DME_Reg_B_AdminastarMed.pdf
19. EMDEON Claim Provider Setup Form 2007 (2).doc
20. EMDEON ERA SETUP FORM 03_2007.doc
21. EMDEON ERA SETUP FORM 04_2007.pdf
22. EMDEON_Delaware_Blue_Cross_Blue_Shield.pdf
23. Florida Medicare Part B edi_getstarted_EDI Enrollment Form with instructions.pdf
24. Florida Medicare Part B FL-edr-form-101603.pdf
25. Florida_EMC Change of Information Form.pdf
26. Georgia Blue Cross (GABCS) TPEF_website.pdf
27. Georgia Medicaid GAMCD GA_Provider__Form_03012005.pdf
28. Georgia Medicaid GAMCD POWER_OF_ATTORNEY_FOR_ELECTRONIC_CLAIMS_SUBMISSION.pdf
29. Georgia Medicare GAMCR EDI_Enrollment.pdf
30. Hawaii Medicaid HI_WA3_Enrollment_Form.pdf
31. Idaho Medicare (Cigna Medicare) profile013103.pdf
32. ILLINOIS_MICHIGAN_MINNESOTA_WISCONSIN_WPS_Medicare_Part_B_Enroll.pdf
33. Indiana and Kentucky Medicare Part B Enrollment Package_08162004.pdf
34. IN_KY_MEDB_ERA.pdf
35. Iowa Blue Cross Blue Shield EC_Registration_form.pdf
36. Iowa Blue Cross Blue Shield EC_Signature_Audit_Agreement.pdf
37. Iowa Blue Cross Blue Shield EC_Third_Party_Agreement.pdf
38. Kanas Medicare EDI_Change_Form.pdf
39. Kentucky Blue Cross.pdf
40. LAMCD 2005 Annual Certification Notice to Submitters.pdf
41. LAMCD 2007 Annual Certification Notice to Submitters.pdf
42. LAMCD Enrollment Packet (07_2006).pdf
43. Louisiana Medicare Enrollment frm (LAMCR).pdf
44. LOUISIANA MEDICARE LOA (LAMCR).pdf
45. Lytec Print Image Template for freeclaims.lci
46. MAMCR NHMCR VTMCR (PRE-FILLED) enrollform_1106.pdf
47. Massachusett_New England Medicare_edi_enroll.pdf
48. Minnesota_BCBS_Medical_SB720.pdf
49. MS_Request_to_add_additional_providers.pdf
50. Nebraska Blue Cross TPAForm.pdf
51. Nebraska Blue Cross TPRegForm.pdf
52. Nebraska Medicare EDI_Change_Form.pdf
53. NEMCR partB_companion_doc.pdf
54. New Jersey NJMCR Enrollment Form 8276_New.pdf
55. New York Medicare Part B (Empire Medicare) mc2752.pdf
56. NJMCD Enrollment Form (PREFILLED).pdf
57. NMMCR_letter_of_authorization.pdf
58. Noridian Medicare (Change Form) 837term_change.pdf
59. Noridian Medicare 837p (PRE-FILLED).pdf
60. Noridian Medicare cms_edi_enroll.pdf
61. North Carolina Blue Cross_837_claimform (1 of 2).pdf
62. North Carolina Blue Cross_ecr_instructions (2 of 2).pdf
63. North Carolina Medicare (Cigna Medicare) profile013103.pdf
64. North Carolina Trading_partner_agreement.pdf
65. North Dakota Medicaid ElectronicDataInterchangeEDIRegistration.pdf
66. North Dakota Medicaid TradingPartnersAgreement.pdf
67. NYMCU New York Medicare Upstate EDI Form-LetterofIntent (pre-filled).pdf
68. NYMCU New York Medicare Upstate EDIForm-Enrollment (10-2006).pdf
69. NYMCU New York Medicare Upstate EDIForm-ERA (10-2006).pdf
70. Oklahoma Medicaid EDI_App.pdf
71. OKMCR_LAMCR_letter_of_authorization.pdf
72. Oregon Blue Cross (Regence) Section 4 Enrollment form.doc
73. Oregon Medicaid edi_packet.pdf
74. Pennsylvania Medicare Part B Enrollment Form (1 of 3, Side 1).pdf
75. Pennsylvania Medicare Part B Enrollment Form (1 of 3, Side 2).pdf
76. Pennsylvania Medicare Part B Enrollment Form (2 of 3).pdf
77. Pennsylvania Medicare Part B Enrollment Form (3 of 3).pdf
78. RAILROAD MEDICARE 00882 rr_edi_enroll_packet.pdf
79. Reference - COBAguide.pdf
80. Reference-Ansi 837 Place Of Service Code List.mdi
81. Reference-Ansi Qualifier for 17a, 24j, 32b, 33b.jpg
82. Reference-CodeList_507 for 277 usage.txt
83. Reference-CSV Specifications.txt
84. Reference-FreeClaims Agreements.txt
85. Reference-FreeClaims Payor List as of 05-05-2005.xls
86. Reference-FreeClaimsClient_InstallationPackage (3034 KB).zip
87. Reference-HCFA 1500 Form Final.pdf
88. Reference-HCFA Data Element XY Coordinates.htm
89. Reference-HCFA New 1500_claim_form.pdf
90. Reference-Medicare Summary Edits for NPI.html
91. Reference-Medicare Summary Edits for NPI.txt
92. Reference-MedicareFourNewReject.htm
93. Reference-Medicare_Error_Codes.txt
94. Reference-Medicare_Part_B_EDI_Helpline.pdf
95. Reference-Medisoft Print-To-File Instructions.txt
96. Reference-NSF TEST File.txt
97. Reference-Payor List 061404.PDF
98. Reference-Payor List 082604.txt
99. Reference-Place Of Service List.txt
100. Reference-Place Of Service Table.pdf
101. Reference-POS List.PDF
102. Reference-Product Price List.doc
103. Reference-Sample Print-Image Claim File.txt
104. Reference-Sample_Stmt.jpg
105. Reference-TaxonomyCodeList.PDF
106. Reference-Texas Clean Claim.jpg
107. Reference-Texas Clean Claims pp_cms1500.pdf
108. South Carolina Medicaid TradingPartnerAgreement100703.pdf
109. South Carolina Medicare Provider Enrollment Form.PDF
110. Tennessee Blue Cross Blue Shield Profile_provider.pdf
111. TRAILBLAZER PART_B 08_2007 (TXMCR) ptb-penroll (PREFILLED) FAX TO 410-683-2937.pdf
112. TRAILBLAZER_ERA-Request-b_PreFilled.pdf
113. TRAILBLAZER_ptb-enroll.pdf
114. Vermont Medicaid Registration Info.txt
115. Virgin Island Medicare bbs_access_form.pdf
116. Virgin Island Medicare edi_enrollment_form_en.pdf
117. Virginia Medicaid Enrollment Form - VA_MCD Form 103.PDF
118. VTBCS Provider Enrollment form (Prefilled).doc
119. WebMD (NEIC-Envoy) ACD Form.doc
120. West Virginia Medicaid Provider Trading Partner Agreement.pdf
121. WIMCD tp_agreement.pdf
122. WPS_MedB_Enroll.pdf

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